

## **Cancellation & Collection Policy**

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### ***Cancellation/No-Show Policy And Collections Policy***

The following are our policies regarding cancellations and no-shows. We take this subject seriously at **Visions At Home Physical Therapy** because it can make the difference between whether or not you succeed in your treatment or not. Usually your referring doctor and/or your therapist have prescribed a set frequency of treatment. Showing up as scheduled for these visits is your most important job. Other than that, all you need to do is follow your therapist's instructions and we will be able to help you achieve your goals in treatment.

- We require 24 hours notice in the event of a cancellation. It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get in the full prescribed number of treatments that week whenever possible. (In some cases, this may not work since some forms of treatment do not work well if given two sequential days.)
- There is a **\$25** charge for a cancellation without proper notice. This charge will not be covered by insurance, but will have to be paid by you personally.
- For Worker's Compensation and Personal Injury patients; documentation of any missed appointments is forwarded to your Case Manager and Primary Physician, and this could jeopardize your claim.
- You may need to see a therapist other than the one who normally treats you if you do re-arrange your appointment. All of our therapists are experienced professionals and they will study your patient chart, so you will be in good hands. You will return to your original therapist in the next regularly scheduled visit.
- Please understand that your pain will probably increase and decrease as your course of treatment progresses. Either condition can seem to be a reason not to come in: a) you're feeling worse and think the treatment is not working or, b) you're feeling better and it's a great day for wind-surfing. Neither of these conditions is legitimate as a reason not to come: a) if you're in pain, come in and have it addressed, b) if you're out of pain, now is the time that we can begin doing some real correction of the underlying causes of your problem, educate you so you won't re-injure yourself, etc.

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When you don't show as scheduled, three people are hurt: You because you don't get the treatment you need as prescribed by the doctor and/or PT; the therapist who now has a space in their schedule since the time was reserved for you personally; and another patient who could have been scheduled for treatment if you had given proper notice.

All patient accounts that go into collections will be assessed a 30% collections fee to be added to the outstanding balance.

Please cooperate with us in this regard. We're looking forward to working with you.

Please sign below to acknowledge that you:

1. have received a copy of the **HIPAA Privacy Notice**,
2. have read, understand, and accept the **Informed Consent/Assignment and Release Statement**,
3. have read, understand, and accept the **House Call Fee Policy**,
4. have read, understand, and accept the **Cancellation/No-Show Policy and Collections Policy**.

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 Patient or Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Therapist Signature

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 Date